

THE MEDICAL AND SURGICAL REPORTER.

No. 833.]

PHILADELPHIA, FEB. 15, 1873.

[VOL. XXVIII.—No. 7.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE MINERAL WATERS OF VICHY.

BY FRED. HORNER, JR., M. D.
Of Virginia.

Vichy is one of the oldest and most celebrated thermal watering places in France. The town, which has several thousand inhabitants, is located near the Allier river, in a valley surrounded by hills, and distant from Paris a single day's journey. In 1603 the hot springs of Vichy became known. Madame de Sévigné, who resorted to them for the relief of rheumatic gout, wrote many of her charming letters from this spot. In 1785 Mesdames Adelaide and Victoria, aunts to Louis XVI, visited the place, and the late ex-Emperor Napoleon was wont to resort to it for his health. He had built for his residence a handsome Chatelêt, also the Casino and a superb bridge across the Allier. During the late summer the writer was favored to sojourn for several weeks at the thermal establishment of Vichy, now unquestionably the finest in France. It consists of three separate buildings, each containing a complete bathing apparatus, a hospital, and numerous hotels of superior excellence, with the exception of late dinner and ball-room hours. A bath of an hour suffices for each patient, so that the three thousand present, representing nationalities of nearly all civilized countries, were readily accommodated.

With reference to the origin of the waters of Vichy, Dr. Casimar Daumas, who is the Consulting Physician under the government, asserts in his able treatise on this

subject that, "In the centre of the globe are permanent fire and quantities of substance in a state of fusion, which sometimes burst forth from some violent subterranean action, and come out by the opening of the craters, and at others boil up without effervescence, sending out by the crevices of the orifices only burning emanations of vapor and water. This is the entire theory of thermal waters, and it becomes easy to explain, on these grounds, not only their production, but their different temperatures and their nature."

All the Vichy waters are clear and effervescent. The "Source Grand Grille," a spring the most resorted to, has the waters of tepid temperature, of alkaline flavor, bubbling up with never failing intermission from its volcanic reservoirs, and presenting to the eye a most perfect "jet d'eau." In a tumbler a quantity of carbonic acid escapes and clings to the sides or ascends to the surface. Not unlike the circle of mineral Springs in Virginia and New York, the different spas at Vichy, which number twelve or more, are abundant in carbonate of soda, iron, and sulphuretted hydrogen, with traces of hydrochloric, phosphoric and arsenious acids, combined with soda, lime, potash, magnesia, and protoxyd of iron. Of these principles CO₂ and Silic occur in the free state. The predominance of CO₂ and SO₂ is a marked feature in the composition of the Vichy waters. Madame de Sévigné claimed for them "the property of restoring the faded roses of declining beauty," and that "a plant, flower, or vegetable, placed in these bubbling waters, will come out as fresh as when first plucked." Among

the natural springs, the "Grande Grille" is the most celebrated. They are the warmest and have the temperature of 41 degrees Centigrade. Dr. Daumas warns the invalid to use them at first with extreme moderation, to avoid the fullness, heaviness, and even irritation of the stomach, which render these waters often insupportable. They are especially useful in congestions of the liver and of the spleen, in jaundice, hepatic colics, in paludal cachexia, together with the intestinal ailments resulting from them. The "Celestius" Spring is useful to relieve vesical catarrh. The "Puits Chomel" Spring, which is charged with sulphuretted hydrogen, is best suited for the cure of gout, chlorosis, diabètes and albuminuria, and all affections of the organs above the diaphragm. The *Cuvette* of the "Hôpital" Spring is most resorted to by women affected with disease of the uterus. The waters have an anodyne effect on the digestive organs. The waters of the "Celestius" Spring, already referred to, and which have contributed more than any other to the reputation of Vichy, are used in the baths and bottled for exportation, to be sent to every part of the world. Patients suffering with chronic affections of the urinary organs, gravel and renal colic, may drink these waters with great advantage. The waters of the "Lardy" Spring are suited to young girls, and patients affected with intestinal derangements without inflammation, as a substitute for the so-called analeptic treatment, bitters and iron.

The warning cannot be too often given to patients advised to try these waters for the cure of chronic affections, to use them in moderation and under the direction of a physician. Says Alibert, "The good physician at the thermal waters should be the priest of the temple. He is placed there to enlighten invalids, to direct them by a sure method, and to rectify the ideas and prejudices they bring there."

In the form of baths the Vichy waters act upon the body in two ways. They stimulate the cutaneous surface and penetrate afterwards into the tissues, and by their sedative action allay certain painful phenomena which accompany gravel and affections of the uterus. In proof of this statement a distinguished citizen of Philadelphia, affected with gravel, and the patient of Mr. Colston, of London, has resorted to the baths of Vichy for the third

season, and with relief to his symptoms of severe rheumatic gout. In connection with this example may be mentioned that of the late General Robert E. Lee, who declared, two years before his death, that the baths of the Hot Springs, and the Mineral Waters of the White Sulphur, in Virginia, had entirely cured him of arthritic gout, from which he had suffered for many previous years.

Large quantities of the waters of Vichy are exported annually. In 1869, 2,041,400 bottles were shipped to distant countries, Africa, India, Great Britain, and the United States. Under the strict surveillance of a commissary of the government, a company is now engaged in the manufacture of Vichy *pastilles*, put up in bottles or stone jars, which to be genuine must have the mark of the government stamp on them.

In conclusion, it may be stated that the above facts have been furnished to the profession under the conviction that great benefit may be derived by recommending a certain class of invalids who may travel in our own country or abroad to resort to mineral springs for the improvement of their health. Nature's laboratory often furnishes gaseous, alkaline, and thermal elements, far superior to man's invention, whether administered internally or externally, which together with change of scenery and company, and the strict observance of hygienic rules as to sleep, rest and diet, will frequently give a new lease to life by the partial relief, if not the cure of disease.

FRACTURE OF THE CRANIUM.

BY H. L. W. BURRITT.

Of Bridgeport, Conn.

H. L., a healthy boy of nine years of age, was kicked while playing near his home, by a horse; part of the temporal and nearly all of the parietal bone of the left side was crushed in and comminuted, and a portion of brain issued from an opening near the corner of the eye. I saw him six hours after the accident; his pupils were small, pulse 86, and weak; extremities cold; an entire loss of consciousness and sensibility; the corner of the mouth on right side drawn; apparently moribund. Cold was directed to the head as soon as any warmth appeared, and the lips to be moistened with weak brandy and water; the room to be kept warm, and hot bottles to the body; 24

hours after, no change, except the skin warmer and pulse 64. There was no very material alteration until the fifth day, when he would swallow liquids put back in the mouth; skin warm, pulse 72; head hot, great effusion of the scalp, slight serous discharge from the ear; titillation of the bottoms of the feet and pricking the limbs made no impression; ice water to the head; a teaspoonful of weak oatmeal gruel, a teaspoonful of brandy to each half-pint, given every two hours, was ordered. He lay in this condition until the eighteenth day, when he first showed signs of consciousness, recognizing his mother and taking drink easily; feeling and motion on left side, but perfect paralysis of the right, except the face; pulse 80, skin natural; slight mucopurulent matter from the temporal opening, and the bone much depressed and uneven, but not interfered with; voice very feeble, scarce above a whisper.

The no-treatment plan was continued for sixty days; slight discharges continue; nourishment given freely after eighteenth day, and he gradually recovered. Now, at eight months from the injury, he is well as ever and a bright boy; but from the outer edge of the eyebrow to the outer margin of the occipital bone is a concave surface filled with depressions and nodulations, and the ear is sunken a full half-inch more than its opposite.

CASE 2. M. B., a young healthy girl, age nine, of nervous temperament, was kicked by a horse directly on top of the head, in median line, about half an inch back of the coronal suture; two pieces about an inch and a half square were driven in on the brain to the depth of over an inch; scalp badly lacerated, pupils of the eye enlarged, consciousness unimpaired; pulse 130, with great restlessness; by using the small-sized curved elevator (after enlarging the external wound), I removed two pieces of the size mentioned, and some smaller fragments of bone; there was considerable hemorrhage, but the dura mater was lacerated for an inch; the longitudinal sinus was not injured; chloroform premised by a glass of wine was given, and the effects recovered from in fifteen minutes from removing the napkin. The little girl made a perfect recovery in a month from the accident, with no bad symptoms; no treatment except cool (not iced) water to the head and simple lint dressings.

CASE 3. Tom B., age forty-two, a stout Irishman, builder, was struck by a falling stone from a building, on the left parietal bone, at its centre, and the comminuted bone forced in on the brain, which was badly lacerated; many large and some small fragments were removed; a cavity, irregular in shape, length two and a half inches, width two inches, was left; after freely washing with tepid water, the wound was filled with lint and covered with a wet cloth; man was very much prostrated, pulse 110, and feeble, skin cold; brandy, one-half ounce, given; partial consciousness, no sensation; put in a warm room in bed; in twenty-four hours skin warm, pulse 100, and full; sensation and motion nearly perfect; pain in the head severe; gave

R.	Hyd. chloral,	3ij	
	Tinct. aconite,	3ij	
	Aq.æ,	3j	M.

Dose, teaspoonful every four hours unless vomiting is induced; tepid water to the head. Third day, pulse 70, skin hot, bowels tympanized; no pain in head; has slept well under the chloral; gave five gr. pill, aloes, tinct. ferri and podophyllin; treatment continued, no nourishment or drink except ice water allowed. Fourth day, wound discharging; part of lint removed and replaced: pulse 60, skin natural, bowels not moved; gave castor oil; chloral and aconite diminished one-third. Fifth day, bowels moved, otherwise the same until the tenth, when hemiplegia of the right side supervened; no indication before of any pressure on the brain since the injury. Intellect dull, pupils enlarged, barely answers when aroused; pulse 48, slow and full; wound discharging, but hernia-cerebri nearly filling the cavity. Bowels have been moved every second day with croton oil; gave

R.	Tinct. lyttæ,		
	" buchu,	aa.	3as
	Iodid potass,	3ij	
	Aq.æ,	3j	M.

Teaspoonful every fourth hour; mutton broth in small quantity; seton to the neck. Fourteenth day, pulse 56, more sensible, though mind still obtuse, pupils still large, no coolness of the extremities, urine free. Fifteenth and sixteenth days, no change in pulse, notices more, speaks of his own accord. Twenty-eighth, no change for the worse, pulse 60, eyes natural, answers intelligently.

Removed out of the city to a state Institu-

tion, by the State authority, as a pauper "whom nobody-owns." The case was an interesting one from the late supervention of paralysis, and symptoms of effusion, with pus still discharging from the wound. Three weeks since the above was written I have learned that he is slowly recovering, with a decided improvement of the paralysis and mental condition.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. Hayes Agnew, M.D.

[REPORTED BY DE FOREST WILLARD, M.D.]

Amputation of Leg—Upper Third.

GENTLEMEN: The first case before you to-day is the pale, debilitated man, 58 years of age, whose every appearance indicates suffering and pain. His history is somewhat peculiar. He states that until two years ago he was a strong, healthy man, having been able to carry on the laborious occupation of morocco dressing for many years. Whether the inhalation of the atmosphere of the establishment at which he worked had anything to do with the production of the disease which subsequently appeared I know not, but from his account we learn that two years ago he was seized with an attack of typhoid fever, which ran the usual course without any special complications.

At about the sixth week, however, as he was recovering from the disease, he noticed a small painful swelling upon the anterior part of his leg, which appeared without any appreciable cause. For months it gave him but little uneasiness, as it was very circumscribed, but in the course of a year it had progressed so far as to cause the formation of an open ulcer, and give rise to a great amount of pain. As the disease progressed this pain increased to such an extent as to be almost unendurable, and his system became still further reduced by the resulting loss of sleep.

The destructive character of the ulcer became more positive as it advanced, until finally, as you now see, over three-quarters of the circumference of the middle third of the leg, skin, superficial fascia, deep fascia, muscles, tendons, bones, all have yielded to the morbid process, and are in a foul sloughing condition. Many attempts have been made to arrest its course, but as they have all proved futile, and as the bones have now become so deeply carious, it becomes a question as to whether amputation is not advisable in order to save this man from further drain.

Having carefully considered the case I am convinced that such a course is the only justifiable one to be pursued, since continuing in his present condition he must soon die. He may lose his life by the operation, but it is the only hope of cure that we can give him. The

question then arises, where shall we remove this limb? The ulcer extends so far up the leg that it will be necessary to go up to a point just below the tubercle of the tibia. Such an operation through the head of the tibia will open a large amount of cancellated osseous tissue, as well as the large bellies of the gastrocnemius and soleus muscles, so that when it becomes necessary to amputate as high as this, I am personally in favor of going up to the knee-joint, and removing the limb at the articulation. I believe that the shock of the operation is less, and that the subsequent dangers are materially diminished. Then again the amount of tissue divided is very slight, merely the tendinous origins of the gastrocnemius, while the vessels are far less numerous. As the man before us, however, occupies a station in life in which it will probably be more convenient for him to use a wooden peg, in place of the more ornate but expensive and no more efficient artificial leg, we will follow in this case the rule usually laid down in the books, i. e., to save as much of the limb as possible, since the mortality increases in proportion as the point of removal approaches the trunk. In this case we have also the advantage in being able to go down just below the tubercle of the tibia, so that the attachments of all the thigh muscles will be preserved, and as he kneels in the cup of a wooden leg, or in the adaptation of an improved artificial member, excellent progressive motion will be secured.

Having decided, then, to amputate through the leg, we can choose our operation. At this point I prefer the plan of making anterior and posterior oval flaps, consisting simply of skin and superficial fascia, and then dividing the muscles as in the ordinary circular operation, by two sweeps of the knife, the first cutting the superficial set of muscles, namely, the gastrocnemius and soleus, the second going down to the bones. Another method, which has the advantage of ease and rapidity, is to make the anterior flap as in the preceding case, but to make the posterior one to contain both muscles and skin, the knife transfixing the limb and cutting from within outward. This possesses the disadvantage of leaving a large bulk of muscle dragging the anterior flap against the sharp spine of the tibia, and frequently causing it to slough, especially in army practice where subsequent moving is frequent. Moreover the arteries are divided at an angle, and unless care is taken to tie them carefully they may bleed above the point of the ligature. The large mass of muscle makes a good covering for the stump at first, but all of it is absorbed except the fibrous tissue in the course of time, the difference between the two forms of stump will be very slight at the end of a year.

In cutting the flaps great care should be observed not to make them too short and scanty. As beginners I would advise you to map out the lines of your incisions before commencing them. You may also save yourself a little annoyance from the trickling of blood

over the part, by making the posterior skin flap first. A few hints in regard to amputations. An assistant should always be ready to grasp the main artery in case of the failure of the tourniquet to arrest the hemorrhage. The main arteries should all be secured before the tourniquet is loosened. Such loosing will frequently arrest a great amount of oozing which before seemed troublesome; every artery and vein which bleeds should be tied, and hemorrhage should be invited by the use of tepid water, and by gently wiping off all the little clots which choke the ends of the vessels. A few additional ligatures will interfere far less with union than will the re-opening of the wound some hours subsequent to the operation, after reaction has come on. This procedure is so unpleasant that it is usually advisable to leave a wound open for an hour or so in order to be certain that none of the small trunks will bleed. Simple oozing occurring after the wound is dressed may be arrested by position cold or compresses; if arterial, however, there is no alternative but to open the wound and tie.

In uniting the wound use wire sutures and adhesive strips. Over these place a compress of lint wet in carbolized oil, then a little oakum; confine by Maltese cross; cover with oiled silk or waxed paper, and over all place a good bandage to exercise compression and prevent spasmodic action of the muscles. Such a dressing need not be disturbed until the third day, when suppuration will commence, and it must be renewed every twenty-four hours, or oftener if necessary, the lint being wet each time in laudanum and water. If the pus is offensive the wound is to be washed in permanganate of potash or other disinfectant, and the lint wet with carbolized oil; one part of carbolic acid to ten of sweet oil.

The ligatures will begin to come away after the fourth or fifth day, but no force should be used in their removal. Large arteries, like the femoral, will not cut through before the tenth or fourteenth day. When ligatures are retained for weeks, then a little more force may be used, as it is probable that a cord of fascia or a tendon has been included in the loop. Continuous tension may also be made by fastening the ligature with an adhesive strip. Always watch for the burrowing of pus, and open all abscesses as quickly as they form. A tight bandage is often a good preventive of such an accident. Immediate union is very rare throughout the whole wound; but I remember one case in which there was absolutely union by first intention, and the patient left the hospital in eight days.

If care has been used in saving periosteum, there will be but little subsequent necrosis of the bone. Should such an event follow, however, it can probably be removed by simply enlarging the opening through which the pus flows.

The diet after all cases of amputation should be of the most nourishing kind; milk, eggs, and beef essence constituting its bulk. Stimu-

lants, quinine and iron may also assist in warding off subsequent danger of pyæmia, and should never be omitted. Plenty of sleep should be secured by morphia, and any febrile symptoms controlled by tinct. aconite.

(The limb was then removed. The tourniquet, supplemented by the finger of an assistant upon the femoral, controlled all hemorrhage so that but little blood was lost. Many arteries required ligature. The man's vitality was so low that there was but little attempt at union of the flaps. On the seventh day, without any assignable exciting cause, he was attacked with pneumonia of the entire right lung, to which he yielded on the ninth day, notwithstanding nourishment and stimulants were administered to the fullest extent. This sudden congestion was beyond explanation, unless it were a case of "traumatic pneumonia." That such a disease, however, may follow any large operation, either upon the neck or any part of the body, is now established by many well authenticated cases. D&F. W.)

Acute Bursitis.

The next case is a man who fell upon the ice one week since, injuring his knee to such an extent that he has since been unable to work. Upon looking at the articulation it is seen to be greatly swollen, red and painful. A large prominence upon the anterior part presents every appearance of an abscess, and fluctuation is quite marked. Let us be certain that there is contained pus, before we plunge a knife into it. We are near a large articulation, and must know whether an opening would not admit air or do some worse damage. Could it be aught else than an abscess? I press upon the patella and find that it is elevated from the condyles of the femur, showing a little inter-articular effusion; but the majority of this swelling is anterior to the former bone. Now you all know that in front and above the patella is a synovial bursa, the bursa præ-patellaris, which is quite frequently the subject of inflammation, especially of the chronic kind, when it forms the well-known disease, housemaid's knee; according to Linhart, this bursa really consists of several mucous bursæ overlying one another. This is sometimes also acutely inflamed, and when so is exceedingly painful, and quickly fills up with an excess of the normal secretion of the part. An exploring needle will settle our diagnosis between this and an abscess. I introduce it, and a clear liquid flows. Rest, lead-water, and laudanum locally, with aconite and morphia by the mouth, will probably soon cure this man. If the effusion does not disappear in a few days iodine and compression should be employed. If pus forms free incision should be practiced, followed by compression, lest it burrow.

If the directions are obeyed it is not probable that this inflammation will run into the chronic form, or true housemaid's knee. Should it do so, however, compression, or blisters, or iodine will be of little use, but a cure can be

quickly and easily effected by drawing off all the secretion of the sac through a puncture, and then injecting two drachms of the undiluted tincture of iodine, which will be allowed to remain. Rest must be enforced for a few days, followed by compression. An equally good result may be obtained by the introduction of a seton, consisting of several strands of silk, allowed to remain for forty-eight hours or more.

Bursal Ganglion.

In connection with this case, let me show you another which is somewhat similar in its nature. It is a case of tumor of the back of the hand, directly over the extensor tendon of the fingers, and is what is known in surgical language as a ganglion. It is a synovial cyst connected with the sheath of the tendon, and from the sense of touch I should judge that it was filled with the thick, gelatinous fluid usually found in such cysts. I hear no creaking or grating upon motion, neither can I distinguish any of the peculiar rice-like bodies which are so commonly contained in these sacs. These peculiar bodies are probably derived from the vascular fringes of the sheaths of the tendon, and are composed of condensed connective tissue or of amorphous fibrine. Vide Lebert, C. R. de la Soc. de Biologie, T. IV, p. 89.

The origin of synovial cysts may usually be traced to violence of some sort, either strains or blows. They are of all sizes, from that of a pea to the one which I removed a few weeks since. (Vide Reporter, Nov. 30, 1872.) Their contents are usually soft and fluctuating, but may become firm and solid as a fibroid tumor. They are usually simply hernial protrusions from the sides of the tendon, but Gosselin has shown that they may sometimes be formed by obstruction of the mouths of follicles, which normally open into the cavity of the joint; in which case they might more properly be called sub-synovial cysts. Virchow reckons them among "exudations cysten."

Their treatment consists in the obliteration of the cyst. Iodine, blisters, compression, etc., will accomplish but little, as the contents are usually jelly-like. Rupture by a smart blow (formerly always given with a Bible) will diffuse the contents into the connective tissue, but reproduction is not uncommon.

A better method I will now show you. It consists in puncturing the sac and drawing off all the contents of the tumor, and then injecting from one to two drachms of the ordinary tinct. iodine. This is allowed to remain, and soon excites sufficient inflammation to close the sac. One precaution only is to be observed: if all the fluid is not first pressed out it will form an insoluble compound with the iodine, and sometimes provoke suppuration.

The other method is to puncture the sac with a small knife, draw off its contents as before mentioned, and then pass a few strands of silk through it as a seton. This may be left in place forty, fifty, or sixty hours, or until the required amount of inflammation is developed.

After either operation rest should be strictly enforced by placing the member upon a straight anterior splint, and then applying cooling anodyne lotions and a compress. This rest must be enforced for several weeks. In either operation a cure may be most certainly expected if this latter treatment is followed, otherwise all will fail.

There is a chronic dropsy of the sheath of the tendons which is not circumscribed, but frequently causes considerable lameness. It is amenable to the same treatment as in the case described.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE ROCK RIVER, (WIS) MEDICAL SOCIETY.

Society met at Theresa, July 10th, 1872 according to adjournment of last meeting (vide Reporter, Vol. 27, p. 31), President Dr. Rogers in the chair.

After the transaction of the usual local business, Dr. Loehr, the essayist, read a paper on

Chronic Encephalitis.

The symptoms of this novel disease are, according to our author, great headache, generally confined to one side of the head, accompanied sometimes by vertigo and paralysis. The muscles of the face were first paralyzed; next those of the bladder and lower extremities. The bowels as a rule were constive. The urine was loaded with phosphates. On treatment the doctor used iodide of potassium, in ten to fifteen gr. doses. Under this treatment all recovered in from eight to ten weeks. The author thinks that syphilitic poison was the cause of this affection.

Dr. Marston read a comprehensive essay on Cholera Infantum.

He set out by stating that under this name there are generally included three different affections, viz. 1st, simple diarrhoea; 2d, cholera infantum proper, and 3d, inflammatory diarrhoea. The general symptoms of simple diarrhoea are a gradually increasing looseness of the bowels, followed by vomiting and other signs of indigestion. Cholera infantum proper commences abruptly with vomiting and purging, under which the little patient sinks in a few days, aye, even in a few hours. Inflammatory diarrhoea, is characterized by bloody discharges and more or less tenesmus. The treatment of this last variety the author intends not to discuss.

In the treatment of the first two bowel affections, our author aims to bring the bowels into a state of physiological rest. Hence he withholds in the beginning all food, quenching the thirst of the little fellow with cold water. When the system demands nutrition, he allows the breast to be taken only moderately. If the child is raised by hand, he gives the cow's milk undiluted. Later in the disease he gives animal broth. In his medical treatment he

relies on opium in some form. He generally prefers to give a solution of morphia per anum. Opium thus given must be in a smaller quantity than when given per os. Our author combines, in the outset of his treatment in cholera infantum proper, opium with small doses of calomel.

To improve the tonicity of the capillary vessels and secretory structure he has found the following of N. S. Davis very efficient:—

R. Acid. sulphur. aromat.,	℥ij	
Magnesia sulph.,	℥j	
Tr. opii,	℥ij	
Syr. simp.		
Aq. menth. piper,	aa	℥j M.

Dose: To a child of six months give ten to twelve drops every three, four, six or eight hours until the discharges are reduced to one a day. He thinks, however, that the following may be used for the same purpose:—

R. Bismuth subnitr.,	℥ss
Pulv. opii,	grs. ij
Sacchari albi,	℥ij

Mix and divide in fifteen powders, and direct one to be given every three, four or six hours for a child one year old. When opium is used, inquiry should be made concerning the urinary secretions. When the patient is much debilitated, he combines quinine and a vegetable astringent with the above anodyne; or he uses the following combination:—

R. Pulv. erigeron canad.,	℥ss
Quin. tannatis,	℥j
Morphiæ sulph.,	gr. j
Aquæ bull.	℥viij ft. inf.

Dose: To a child one year old one teaspoonful every three, four or six hours. When vomiting or purging is very active he gives the following solution:—

R. Sodæ bicarb.,	℥j
Morphiæ sulph.,	gr. j
Aquæ menth. piper,	℥ij M.

Dose: To a child one year of age ten drops after each act of vomiting. And along with the above he gives every three or four hours, until the bowels are quiet, one of the following powders:—

R. Hydr. chloridi mitis.,	grs. iv
Pulv. opii,	grs. j
Sacchari albi.,	℥j

Misce bene et divid. in chart. No. viij.

After the symptoms have somewhat subsided, the treatment of the case is conducted as stated before. Later in the attack, when the discharges are frequent and consisting of mucus, our author uses the following formula of Dr. Davis, of Chicago, with good results:—

R. Ol. terebinth	
Tr. opii,	aa ℥ij
Pulv. acaciæ,	
Pulv. sacchari albi,	aa ℥ij
Misce et adde,	
Aquæ menth. piper,	℥ij ft. mist.

Dose: To a child from ten to fifteen months old fifteen drops every three to four hours.

This being the subject for discussion to-day, an animated debate took place, in which Dr. Loehr said that his main reliance in cholera infantum was opium in rather large doses. If in its use head symptoms should supervene, he uses subnitr. of bismuth. He uses also hot fomentation to the abdomen.

Dr. Senn is of the opinion that this disease is caused by an irritant either in the bowels or stomach, hence he would give an emetic of ipecac. And if there should be any suspicion that an emetic would not reach it, he would use a laxative. However, not castor oil, since this is one of the most irritating cathartics in the materia medica; he would use salts. After this he would use derivatives in the form of hot baths. Next put the alimentary canal at rest by opium, which is our sheet-anchor in this disease. He would, however, also give calomel in the beginning of the complaint, and tonics and astringents afterwards. Is against the use of whisky.

Dr. Hunt would first give castor oil, if the purging is not excessive; afterwards he relies on whisky, paregoric, or other forms of opium. He gives very seldom, calomel. In regard to an emetic, he thinks we generally see the cases too late to derive any benefit from its use. As a tonic he uses in the latter part of the attack fld. ext. colomb. and strychn. Astringents have generally not done well in his hands. In cases where there is tenesmus, he gives ipecac in small doses. He also employs the warm bath with advantage.

Dr. Shepherd relieves the vomiting of this disease with bismuth and paregoric; sometimes he uses in the beginning the elixir of rhubarb and magnesia, (R. C. and A.) combined with paregoric. He gives the child no water to drink, and food only in small quantities.

Dr. Rogers' remedy is opium; under its use vomiting and purging will subside. He, however, has also used bromide of potassium for vomiting with good results. He also uses calomel in the beginning of the disease. He has never seen any good results from the use of ipecac in diarrhœa, and he is at a loss to account for its reputation in dysentery. He has not much confidence in astringents.

Dr. Lueck stated that in the treatment of this disease he tried almost everything recommended by good authorities, sometimes to his utmost disappointment. Subnitr. of bismuth and calomel have never shown any good effect in cholera infantum under his employment, hence he has now discarded these remedies altogether in the management of these cases.

From the different opinions expressed to-day, the Doctor thinks we may safely conclude that the true pathological nature of this disease has not yet been demonstrated. However, it is generally conceded that cholera infantum is only a functional derangement of the digestive system. In fact, he looks upon it as a catarrh of the stomach and alimentary canal. Fermentation, and not chymification,

is going on in the stomach and duodenum, and the vomiting and purging is only the result of this lactic fermentation. Hence, to prevent fermentation and promote normal digestion, would be the indications for treatment. These indications can generally be accomplished in a recent case by a few doses of the spiced syrup of rhubarb. If, however, the disease has lasted for some time, this simple remedy has no effect, and then we have found the following combination of great value:

R. Boudault's pepsine,*	gr. ij.
Creasote,	gtt. 1-3
Opium pulv.,	gr. 1-10
Acid tanic,	gr. 1-6
Ol. cinnamon,	gtt. 1-8

For a dose to a child one year old, and repeated every three to four hours.

Here we have the creasote and pepsine to check fermentation; opium and aromatics to allay irritation, and again pepsine with tannin to give tone to the relaxed digestive system.

These few remedies, combined in various proportions to suit the circumstances of the case, we have used almost exclusively for the last three years, with a very satisfactory result.

However, in chronic cases, and in those children who are brought up by the hand, fermentation seems to go on faster than these remedies are able to check it; hence we must discontinue all milk-diet and give antiseptic nourishment. This we have prepared in the following manner: The yolk of one egg is beaten up well with one teaspoonful of loaf sugar; afterwards adding gradually 8 oz. of

water. This quantity is given at short intervals during the twenty-four hours. Along with this food thin oatmeal gruel is allowed as a drink in place of water. As soon as the more active symptoms have past, gruel, or arrowroot is allowed more freely, boiled thoroughly to the consistency of syrup. Thus prepared, it has been an excellent article of diet for this class of patients, notwithstanding authority teaches us that farinaceous substances cannot be digested by children. With this treatment counter-irritation is combined in the form of hot baths and sinapisms.

There is a form of cholera infantum characterized by heat of the head, flushed face, and frequent purging, with little or no vomiting, which seems to depend on a catarrh of the small intestines without implicating the stomach. In this affection opium causes congestion of the brain, and cannot, therefore, be used; pepsine generally augments the intestinal irritation, and must therefore be left out of the treatment. Alkalies with small doses of ipecac first, and afterwards mild astringents,* have done excellent service in these cases.

Dr. Marston was appointed by the chair as essayist for the second next meeting.

Committee on subject for discussion at the next meeting, reported in favor of the following:—

"The treatment of the chronic inflammation of the cervix and cavity of the uterus." Adopted. On motion the society adjourned to meet again on the second Wednesday in Sept., 1872, at West Bend.

A. W. LUECK, M. D.

Mayville, Wis.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Surgical Uses of the Pneumatic Aspirator.

Mr. T. R. JESSOP, F. R. C. S., Surgeon to the Leeds General Infirmary, and Lecturer on Surgery at the Leeds School of Medicine, has the following valuable article in the *British Medical Journal*, which in spite of its length, we quote nearly in full:—

Among the many valuable additions which have been made within recent years to the means whereby the physician or surgeon is enabled to diagnose and treat disease, some of which, indeed, such as the stethoscope, the ophthalmoscope, the laryngoscope, and the thermometer, have become indispensable, I know of none which, in my own hands, has proved more useful, the loss of which I should feel a greater deprivation, than the instrument which I have selected

as the subject of my communication; viz., Dr. Georges Dieulafoy's Pneumatic Aspirator. Invaluable, however, as it has proved in the hands of many, and widely as it is now known, at least among hospital surgeons, it is my daily experience to find that medical practitioners in general have not as yet been made fully alive to the great disadvantages which they labor under from the want of a thorough appreciation of the many and various purposes which the aspirator has been found to fulfill.

It is with the twofold object of exciting the interest of such of my brethren of this Branch as have not yet had an opportunity of seeing for themselves, or of hearing from others, the very satisfactory results achieved by means of the aspirator, which are daily

* As an astringent we used arom. syrup of blackberry root, manufactured by Keed, Carnick & Andrews, of New York, or that prepared according to the formula which we published several years ago in the "*Réperteur*," (vide Vol. 21, p. 270).

to be witnessed in the wards of our hospitals, and of eliciting a discussion on the part of those experienced in the use of the instrument, that I have determined to recount a few examples showing various conditions in which aspiration has been resorted to with more or less success. But before proceeding with the relation of my cases, I must occupy a few moments, first, upon the general subject of aspiration; and, secondly, upon a brief description of the instrument which we now employ.

Every medical man well knows how extremely difficult it is, under some circumstances, to decide upon the presence or absence of fluid; and, again, upon the nature of a fluid which is clearly proved to exist. How many anxious hours I myself have spent in vainly trying to solve these two questions! We have been in the habit of relying, in such cases, partly upon probabilities, partly upon that *tactus eruditus* which every surgeon strives to acquire, but which can only be acquired through long and patient practice; and occasionally upon evidence obtained from the introduction of small or, as they are termed, exploring trocars, instruments which are, to use Dr. Dieulafoy's words, at once too large and too small; too small to permit the passage through them of viscid or flaky fluids, and too large to allow their safe introduction into vascular or sensitive organs.

Having repeatedly observed how unimportant a lesion is produced by the insertion of the fine nozzle of the hypodermic syringe, and also the impunity attending the introduction of acupuncture needles, even deeply, into the substance of important and highly organized structures, Dr. Dieulafoy conceived the idea of creating a vacuum in connection with an extremely fine tubular needle, so as to exercise a powerful suction upon any fluid into which the needle should be introduced. This principle he embodied in his instrument, the *pneumatic aspirator*. And it became clear that not only could an amount of fluid be removed by this means sufficient for diagnostic purposes, but that, by a continuance of the process, the cavity might be entirely emptied of its contents, and so, in cases where the presence of the fluid constituted the sum of disease, a permanent and ready cure might be effected.

As is the case with all inventions, many improvements have been made upon the original instrument. The one which I now show you is the latest issued by Messrs. Weiss and Son, of the Strand, London; and, in my judgment, it possesses decided advantages over all others which I have seen. It consists of a brass syringe, capable of holding five ounces of fluid, fitted with an air-tight screw-piston, and having its nozzle guarded by a tap. Attaching the nozzle to the bottom of the syringe is a short tube of glass, which enables the surgeon to ascertain the quality of the fluid as it passes into the body of the instrument. To one side of the instrument, in its whole length, is applied a fine hollow glass tube,

which communicates at its lower extremity with the interior of the syringe, and is shut off from the external atmosphere, at its upper end by means of a tap. This glass tube is marked at regular intervals in half ounces, for the purpose of demonstrating the quantity of fluid contained in the syringe at any given time; and forms, besides, a means of exit, whereby the syringe can be emptied of its contents when, during an operation, it is desirable not to disengage the nozzle. Several tubular needles and trocars, some of which are of extremely fine calibre, made accurately to fit the nozzle of the syringe, either directly or through the medium of an elastic tube, complete the instrument.

In describing how to work the aspirator, I cannot do better than make use of Dr. Dieulafoy's own words, altered only so as to apply to the improved instrument. He says: "In order to produce a vacuum within the pump, it is necessary first to close the two taps, and then to screw up the piston. The vacuum is thus obtained as a preliminary measure, and the operator is in possession of a powerful aspirator, ready to be used when the proper time arrives." "Let it be supposed that we wish to examine an effusion into the cavity of the pleura. The tubular needle No. 1 or No. 2 must first be introduced into an intercostal space; and, when it has penetrated the tissues for about a third of an inch, it must be connected with the pump in which the vacuum has been established, either directly or through the medium of a caoutchouc tube. This done, and to this point I desire to call special attention, the tap must be opened between the needle and the vacuum, and the needle pushed gently forward. We may thus slowly traverse the tissues, so to speak, with the vacuum in hand, until we discover the effusion. The eye of the operator should be directed to the short glass tube between the needle and the pump; and, at the moment when the needle enters the liquid, the latter rushes forcibly into the instrument. The diagnosis is at once complete, the manœuvre is absolutely harmless, and the desired object is attained."

Such is the method of employing the aspirator, which I have myself usually adopted; and the directions here given apply to all cases, medical and surgical, in which its use is indicated, equally with the example selected by Dr. Dieulafoy for his description. As a precaution against the introduction of septic materials, I always take care that the needle or trocar has been dipped overhead in carbolic oil. I have said that in the aspirator we possess a valuable aid both to diagnosis and to treatment. I will now go on to make a few selections from the numerous cases in which I have resorted to its employment.

And first, I will speak of its use for purposes of diagnosis. There are few groups of diseases which present greater difficulties, or which tax the skill of the surgeon in a higher degree, than *abdominal tumors*.

Not many of us can look back upon our experiences without calling to mind numerous instances in which grave mistakes have been made, leading to pernicious treatment, and destroying the confidence of our patients both in ourselves and in our science. That in the aspirator we possess a powerful means of elucidating some at least of these cases, is sufficiently shown by the following examples.

CASE 1. On August 30th last, a woman, aged 46, was admitted under my care into the Leeds General Infirmary with an abdominal tumor of twelve months' growth, and equal in size to a seven months' pregnancy. The tumor was somewhat fixed towards the pelvis; several hard movable nodules could be distinguished through the abdominal walls; it was doubtful whether fluctuation existed or not. The pelvis was found, on vaginal examination, to be filled posteriorly by a firm mass, and the os uteri could not be felt, being apparently pushed up above the pubes, high out of reach of the finger. Menstruation had for some years been very irregular. My colleagues examined the case with me, and we all felt doubtful as to its nature. On September 21st, aspiration was made through the abdominal walls with the result of extracting four ounces of a thick glutinous brown-colored fluid, such as is found only in ovarian cysts. The nature of the disease having been thus established beyond doubt, a fortnight later I performed upon her the operation of ovariectomy.

CASE 2. One day last week it was intimated to me that Dr. Allbutt wished me, as his surgical colleague, to examine a patient in his ward, a married woman, aged 34, with a view to decide upon the propriety of recommending the operation of ovariectomy. The enlargement was first suspected early this year, and was attributed for some months to natural causes. I found the abdomen distended to about the size of a full pregnancy, by a round, centrally placed, smooth tumor, in which a not very distinct fluctuation could be felt. On vaginal examination, the os uteri was felt high up posteriorly, small, and round; the cervix had disappeared; no movement of the os could be detected by displacing the tumor from side to side; and a Simpson's sound introduced into the uterus showed the cavity of that organ to measure an inch and three-quarters only in depth. The central position, the shape, and the general character of the tumor, the absence of cervix uteri, the duration of the symptoms, taken together, were sufficient to throw a little doubt upon the true nature of the case. On appealing to the aspirator, however, the ovarian character of the tumor and the correctness of Dr. Allbutt's diagnosis were at once determined, by the extraction of a syringe-full of thick, stringy, gelatinous fluid.

CASE 3. In July of this year, I was asked by Mr. Booth, of Mirfield, to see, with him, an elderly female, the right half of whose

abdomen was filled with a prominent mass, the origin of which she attributed to her daughter having accidentally trodden upon her in getting out of bed a few months before. The increase in size had been gradual, and had been attended by considerable pain and some febrile disturbance. On percussion, the tumor was dull, and on handling, an indistinct fluctuation was made out. A few days afterwards I withdrew by means of the aspirator several ounces of pus, and was thus enabled confidently to pronounce the case one of cellular abscess, and to confirm the patient's own opinion as to the origin of the disease.

CASE 4. Not many months ago, a man, aged about 40, of weak intellect, and therefore unable to give any reliable history of himself, was sent from Tadcaster and admitted into the Leeds Infirmary under Mr. S. Hey, with complete retention of urine, and his bladder distended so as to reach above the umbilicus. Our resident medical officer, Mr. McGill, at once passed a No. 8 silver catheter, and drew off forty ounces of fetid urine, as much as would flow. And yet the distention was not wholly removed; above the pubes, a round fluctuating swelling remained, which, from the rectum, was found to communicate with a soft elastic bulging there distinctly felt. The aspirator was applied from the rectum, and by it twenty-five ounces of fluid were quickly pumped out, whereupon all tumor was found to have disappeared. The fluid was clear, had a specific gravity of 1004, and, besides large quantities of common salt, contained numerous hooklets and undamaged echinococci. The retention ceased, but the patient died a week afterwards from the inflammatory changes induced by the long continuance of the obstruction. At the *post mortem* examination, the hydatid disease was thought to have occupied the prostate itself, and similar disease was found both in the liver and omentum.

I will finish my illustrations of the diagnostic value of the aspirator by briefly relating a very important and not less interesting case, which occurred recently in the hospital practice of my colleague, Mr. Wheelhouse, and which I had the opportunity of seeing in consultation with that gentleman.

CASE 5. J. M., aged 30, a striker by occupation, had been the subject of a right inguinal hernia for four months, and had never worn a truss. The bowel had frequently from time to time descended, and had always been returned without difficulty. About breakfast time, on October 21, 1872, whilst he was at work, the hernia suddenly protruded with pain. Finding himself unable to reduce it as usual, he went home. Symptoms of strangulation soon supervened, and his sufferings became greatly increased. It was not, however, until the evening of the 4th that he sent for his medical attendant, who ordered his immediate removal to the infirmary. When seen on admission, he was vomiting frequently; his

abdomen was highly distended, tympanitic, and tender on pressure; his countenance betrayed anxiety, and his pulse was small and thready. The right inguinal region was occupied by a swelling of the size of a hen's egg, not very tense, but upon which taxis produced not the least impression. Opium was administered, and taxis again failed. He was then placed under the influence of chloroform, and an attempt was once more made to reduce the rupture, but in vain. The finest of the needles of the aspirator was now introduced and attached to the syringe, whereupon two ounces of bloody serum were removed, and the swelling vanished altogether. The finger could now be passed without obstruction through the inguinal canal as far as the internal ring. Under these circumstances, it was decided to postpone any further proceedings until the following morning. Vomiting occurred at intervals during the night; but at the morning visit, the patient stated that the rupture had again descended, and that he had been able to reduce it himself. It was not until the morning of the 6th that all vomiting ceased; but from the first there was a gradual and steady amelioration of his symptoms, and finally, he has made a perfect recovery.

It is by no means an easy matter to state, with any degree of certainty, the actual order of events in this most fortunate case. It may be safely concluded, however, that the use of the aspirator precluded the necessity of following that good rule, "when in doubt, operate."

I will now go on to mention a few instances in which aspiration has been resorted to as a means of treatment. Two of the earliest occasions upon which I made use of the instrument were in cases of advanced chronic hydrocephalus.

CASE 6. In the first, a child, fifteen months old, I removed on May 18th, 1871, by means of the finest needle passed through the anterior fontanelle, six ounces of fluid; and on the 22d, twelve ounces. The child died on the 23d, in convulsions.

CASE 7. The second child was only three months old when first brought under notice. On July 23d, 1871, I removed five ounces of fluid; on the 25th, three ounces; on August 1st, an ounce and a half; and subsequently, on seven occasions, at intervals of a few days, one ounce of fluid was removed. This case terminated fatally, also by convulsions, on September 18th.

A careful *post-mortem* examination was made in each of the two instances, with the special view of discovering the immediate effects of the introduction of the needle, but no trace whatever could be detected either in the membranes or in the brain-substance.

Soon after I became familiar with the aspirator, it occurred to me that it was not unlikely to prove useful as an aid, under certain circumstances, to the reduction of strangulated hernia. I thought that if the sac, for instance, contained a large amount

of fluid, the withdrawal of the fluid might enable the surgeon to apply his reducing force more directly, and, therefore, more efficiently, upon the solid constituents of the hernia. And, again, if the strangulated intestine were emptied of its fluid and gaseous contents, its reduction by taxis might be facilitated. In five examples of this affection, all presenting conditions apparently favorable to the proceeding, and in all of which taxis under chloroform first proved insufficient, I have practiced the use of the aspirator, in the full hope of being able to avoid the major operation; but hitherto my efforts have not met with success. In all the five, herniotomy was finally resorted to; and it is interesting to observe that in none was there any sign to show where the needle had penetrated. Cases have lately been referred to in the journals in which success has been achieved by operators abroad. I am still hoping that a further trial may lead to more satisfactory results in my own hands.

Some few months ago, several gentlemen showed great anxiety to obtain the credit for themselves, or for their friends, of having been the first to tap the intestines, in cases of great flatulent distention. I remember the late Mr. Teale, in 1860, whilst introducing an acupuncture needle twenty or thirty times through the abdominal walls in a case of excessive tympany following herniotomy, remarking to the students around him that, in his early days, he had been accustomed, under similar circumstances, to use the trocar after the manner of veterinary surgeons; but that, of late years, he had preferred the acupuncture needle, as being at the same time less dangerous and equally efficient. Calling to mind this advice, I employed the aspirator on several occasions in May 1871, to the great relief of an elderly man, whose leg I had amputated by the supracondylar method, and who in his last two or three weeks suffered in an unusual degree from excessive flatulent distention. On *post-mortem* examination, a few red points, on both the parietal and visceral peritoneum, were thought to indicate the spots at which the needle had entered.

The instances are now numerous in which I have employed the aspirator, with decided advantage, in the emptying of chronic abscess. I will content myself with relating one example, by no means a solitary one of its kind.

CASE 8. In May, 1871, I was consulted by Mr. T., aged 40, who for nearly six years had been suffering from excessive pain in the lumbar and lower dorsal spine, and at the top of whose right thigh a swelling had for nine months been gradually increasing. The case, as it presented itself to me, was, in short, one of marked angular curvature at the junction of the dorsal and lumbar vertebrae, accompanied with a psoas abscess, which, when he stood erect, was about as large as an orange. On June 10th I removed seven ounces and a half of pus by

aspiration, draining the abscess as completely as possible. In a few days fluctuation returned, and the swelling gradually increased. On June 28th the aspirator was again applied, and three ounces and a half of pus removed. From this time the abscess may be said to have been cured; for although, on February 7th this year, I was induced once again to introduce the needle, from a feeling of suspicion that matter had reformed, I was unable to procure a single drop. At the present time, no difference whatever can be detected between the two sides, and he is quite free from all pain. The curve, of course, still remains; and as a matter of precaution, I am continuing to enjoin a large amount of rest in the recumbent position, and an entire freedom at other times from such movements as would be likely to affect injuriously a spine which has undoubtedly been extensively diseased.

There are few conditions which more frequently call for the attention of the surgeon than the various forms of joint effusion; and whilst some of these are of a transient character, or readily yield to appropriate treatment, there are others, the nature of which it is to be obstinately persistent; or, again, in which the effusion is but the precursor, if not indeed a chief factor, in the production of those processes which, if constructive in their tendency, end in ankylosis; but, if destructive, lead only to excision, amputation, or death.

It is within my own recollection, nay, I believe the practice still lingers in the dark corners of our profession; that surgeons were in the habit of spending month after month, year after year, in leeching, blistering, burning, compressing, mercurializing, and drugging their patients, with the sole object of procuring absorption by a membrane, which, it may be, had ceased to be capable of absorbing, and which, at all events, obstinately refused to take the desired turn; or perhaps, goaded by the constant irritation from without, openly rebelled, as it were, in the form of suppuration and destruction.

Whilst no means were too severe to be applied to the exterior, it was a cardinal doctrine that to interfere with the interior of a joint, except in cases of acute suppuration, was an unsurgical and unwarrantable proceeding. The sacred character of synovial membranes, like many other phantoms, has vanished before advancing science. Dropsical joints are now treated by tapping, just as are the peritoneum, the pleura, or the pericardium. A couple of years ago I published in our *Journal* the history of a series of knee-joints which I had successfully treated, when in an early condition of inflammation, by *free incisions*, made under the protection of an antiseptic spray. And now that we possess the aspirator, we shall hardly be disposed, I imagine, to consume as many days as we formerly did months, in the endeavor to disperse a fluid whose presence is not seldom the sum total of disease.

For Preserving Anatomical Specimens.

1st. The following is from a French authority:—

Take of glycerine,	14 parts.
" brown sugar,	2 "
" nitrate of potash,	1 " M.

After maceration for some days, the specimens become rigid, but recover their suppleness on exposure to a dry, warm air. When dry they may be varnished. The time for maceration depends upon the size of the specimen.

2d. Dr. B. Titcomb, in the Transactions of the American Medical Association, recommends the following process:

First place the object in a vessel containing pure water; let it remain a few hours or over night, then transfer it to another containing a solution of creasote, f. ʒij to f. ʒxij of water; let it remain over night, then place it in a jar or vessel containing a liquid of the following proportions:

Chloride of sodium,	ʒiiss.
Sulphate of alumina,	ʒiiss.
Nitrate of potassa,	ʒij.
Aqua,	f. ʒviij

3d. Mehl's solution contains:—

Arsenious acid,	20 parts.
Crystalized carbolic acid,	10 "
Water,	700 "
Alcohol,	300 "

Put the whole of the arsenic in a retort, add half the alcohol and a third of the water, and bring the whole to a boiling point. Nearly all the arsenic at once dissolves. Filter, and add at once more water to the filtrate. Treat the remaining arsenic with the remaining alcohol, and water as before, and add the filtrate to the first. Take fluid moderately warmed; the carbolic acid is then to be added, with stirring.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—In England the medical students have periodicals edited and supported by themselves. The students at Guy's Hospital commenced last year a creditable periodical; and their brethren at Aberdeen a fortnightly journal, admirably conducted and of some pretension. With the view of supplying the students at the various metropolitan schools with a periodical "that will be of assistance to those students who are preparing for medical and surgical examinations," and which will give the hospital doings and news, including also original stories of a professional

character, which we presume will be culled from the smart sayings of hospital surgeons, a new journal has been started entitled *The Students' Journal and Hospital Gazette*. It contains "Our Introductory," extracts from the ordinary works on anatomy and physiology, an abstract of a lecture by Mr. Hancock, and paragraphs of news from hospital correspondents. "Literature and the Drama" are not forgotten, and "Science and Art" have their share of space.

—"Unconscious Action of the Brain and Epidemic Delusions," is the title of Part VI of the *Half-Hour Recreations of Popular Science*, published by ESTES & LAURIAT, Boston (for sale in Philadelphia by J. B. Lippincott and Alfred Martien). It is a lecture by the eminent physiologist, Dr. W. B. CARPENTER, and is marked by his deep thought and extended reading. The subject is one which ought to be widely studied, for it will serve to correct many superstitions which, in spite of our culture, have fast root among us.

BOOK NOTICES.

A Manual of Histology. By Prof. S. Stricker, of Vienna, Austria, in co-operation with Th. Meynert, F. von Recklinghausen, Max Schultze, W. Waldeyer and others. Translated by Henry Power, of London; James J. Putnam and J. Orne Green, of Boston; Henry C. Eno, Thomas E. Satterthwaite, Edward C. Seguin, Lucius D. Bulkley, Edward L. Keyes and Francis E. Delafield, of New York. American translation, edited by Albert H. Buck, Assistant Aural Surgeon to the New York Eye and Ear Infirmary. With 431 illustrations. New York: Wm. Wood & Co., 1872. 1 vol., 8vo.; cloth; pp. 1106.

The first portion of this valuable work, that is, the first 406 pages, was translated by Mr. Henry Power and published by the New Sydenham Society in 1870; the remaining chapters, constituting nearly two-thirds of the volume, are now first published in English from translations by the various gentlemen whose names appear in the title above quoted.

The growing importance of histology in

its relations to practical medicine is rapidly making it an essential department of medical instruction. Within the last two years several translations have put within the reach of English readers some of the most important productions of the German press upon the subject, but none of them had that comprehensiveness and directness of aim requisite in a text-book. This want the volume before us is intended to fill, and it does so in a highly satisfactory manner, as a brief reference to its plans and contents will show.

The thirty-nine chapters of which it is composed are so many separate monographs on the most important tissues and organs of the body. They are written by different hands, and not always in obedience to the same theories, but all show patient study and masterly skill.

The Introduction, on the general methods of investigation, and the first chapter, on the general character of cells, are the work of Prof. Stricker himself, who also contributes a chapter on the development of simple tissues. The chapter on connective tissues is by A. Rollet; that on the heart by F. Schweigger-Seidel; on the blood-vessels by C. J. Eberth; on the lymphatic system by F. von Recklinghausen; on the spleen by Wilhelm Muller; on the blood by A. Rollett; on the liver by E. Hering; on the lungs by F. E. Schultze; on the kidney by C. Ludwig; on the testicle by Von la Vallette St. George; on the skin, hair and nails by A. Biesiadecki; on serous membranes by E. Klein; on the mammary gland by C. Langer; on the uterus and appendages by R. Chrobak; on the brain of mammals by Th. Meynert; on the sympathetic nervous system by S. Mayer; on the organ of vision by Max Schultze; on the organ of hearing by J. Kessel, and so on.

From a comparison of several of these articles with those of recent date, published elsewhere, we believe that they will be found very carefully compiled from the latest authorities, and supplemented by a large amount of original observation. The application of such studies to practical medicine is here and there pointed out, and throughout the various translations have been made with clearness and correctness. The numerous illustrations enhance the value of the work, and we welcome it as a sure sign that the profession in this country are desirous of familiarizing themselves with scientific medicine in the widest sense of the term.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 15, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

NEW HOSPITALS IN PHILADELPHIA.

In the REPORTER, of October 8th, 1858, we suggested that there ought to be four large general hospitals in Philadelphia, each being connected with one of the medical schools then in operation here, and that *all* the hospitals of the city, general and special, should be free of access to students for the purposes of study. The population of Philadelphia was then less than two-thirds its present number. In harmony with this idea, in publishing the clinics of the several medical colleges at that time, we did it under the designation of Hospitals—as *Hospital* of the University of Pennsylvania, *Hospital* of Jefferson Medical College, etc. At the suggestion of friends the headings were afterwards changed to *Clinics* of University, Jefferson, etc. It was a backward step that we are glad is about to be retraced. The Trustees of the University of Pennsylvania have already secured a fund of over \$250,000, and an eligible location in West Philadelphia, and propose to build a large, first-class hospital in connection with their new University building, in the same locality. Both the State and city authorities have met this proposition in a very liberal spirit, and it is

fully assured, and the University Hospital will ultimately be one of our strongest endowed institutions.

We are glad to notice, too, that the Jefferson Medical College is moving in the same direction. It is absolutely necessary for them to change the location of their college building, and in doing so, they propose to secure a location where they can unite with it a general hospital. The Trustees and faculty are now endeavoring to secure a fund for the purpose, and we trust they will be as successful as the University has been, and that the State and city authorities will deal as liberally by them as they have by that. We have heard nothing as regards location, but wish it could be somewhere on Broad street. The objection would probably be the expense of ground, but is there no public-spirited citizen with the ability and disposition to remove that objection?

Why should not the alumni of these two medical colleges aid in this matter? It might be done systematically; contributions from the alumni resident in a State, for instance, going to establish a ward or beds, to be called by the name of that State or section. Thus there might be a Pennsylvania, a New York, a Virginia, a New England ward, etc. Why not issue direct appeals to the alumni making such proposition? This matter is of sufficient general importance to the interests of medical progress to warrant such an appeal to the alumni.

There is another view of this case. The hospital accommodations of this city are far below the necessities of the case, and compare unfavorably with those of some other cities. Philadelphia is eminently a manufacturing city, having, as a consequence, a very large population who, by their occupation and position in society, call for ample provision in this respect. A circular lies before us giving a comparison between the hospital accommodations of Philadelphia and New York, which sets forth our necessities so well that we make use of its figures

and statements. In New York there are *thirty* general and special hospitals, having 7960 beds, of which about 6500 are free, while Philadelphia contains *fourteen* general and special hospitals, with a total of 1802 beds, of which about 1300 are free. This comparison is a very damaging one to Philadelphia, and should receive the earnest attention of our citizens.

Besides, in estimating the need of new hospitals in Philadelphia, it must be borne in mind that the Municipal Smallpox Hospital is not available for ordinary purposes; and that the Medical Department of the Almshouse is not sought by the worthy poor, since its patients are uniformed and labelled as paupers, and discharged into the common herd of paupers and vicious vagrants in the Out-wards. Deducting the 890 beds in these two institutions, the startling fact is developed that, in a population of 700,000, there are only about 400 Free Hospital Beds to which the honest poor, men, women, and children, can resort in time of sickness.

It will be readily seen that there is much to do to bring the hospital accommodations of Philadelphia up to the requirements of the case. The Trustees of the University of Pennsylvania, and of the Jefferson Medical College, in endeavoring to increase our hospital accommodations, are but fulfilling an important public duty in which all the inhabitants of this city are interested, and which should meet with their cordial sympathy and earnest material support.

NOTES AND COMMENTS.

Flower Missions.

Under this name there exists in Boston and this city, and for aught we know in other cities, associations of ladies who form themselves into visiting committees for the purpose of visiting the hospitals, and administering to the wants of the sick, and speaking a word of cheer and comfort to them. Such an association has recently been formed in connection with the Presby-

terian Hospital in this city. These ladies visit the hospitals, and under the advice of the medical staff administer to the wants of the inmates, supplying, sometimes, palatable articles of diet, such as fruits, etc., in their season, and decorating the wards with flowers, and pictures, providing reading matter for those who are able to read, and reading, or saying words of comfort and consolation to others. This beautiful and Christian idea probably received its full development during the late civil strife, when motives of patriotism induced our ladies to form such associations to visit the military hospitals established in so many of our cities and larger towns. We trust that such associations will be formed in connection with all our hospitals, and thus do much to ameliorate the condition of their unfortunate inmates. During the past summer the Boston Flower Mission, between May and October, sent out 10,300 gifts of flowers, and nearly 1000 gifts of fruit. On all sides they found help. Railroads carried the contributions to them free of charge, a room was given them, and expressmen in many cases refused payment for delivering the flowers at the hospitals. The flowers themselves were all gifts.

Literary Periodicals.

Among our valued exchanges are *Harper's Magazine* (\$4 a year), now the oldest of our literary monthlies. It has always maintained a high character, which it sustains with every issue in both a literary and artistic sense. Its illustrated articles are particularly valuable in the family. Among the contributors during the present year are Miss THACKERAY, CHARLES READE, and WILKIE COLLINS. In the editorial department there is a scientific record which possesses some value to the physician. (Harper, Bros., New York.)

Scribner's Monthly (\$4 a year) we regard as one of the best of our monthly literary magazines. Indeed, it is the first, usually, to be read. Its contributions are of a high order of merit, and we have never seen anything in its pages that we were unwilling that the children in our family should read. A very interesting and useful illustrated article in the current number, is entitled "How men learned to analyze the Sun," giving a history of the spectrum analysis, which is doing so much to revolutionize our methods of qualitative, not to say quantita-

tive analysis. A remarkably good story has just been commenced by the editor, Dr. J. G. HOLLAND, entitled *Arthur Bonnicastle*. The editor's table is a very interesting department of Scribner. (Scribner & Co., New York.)

The *Atlantic Monthly* (\$4 a year) has been before the public now for more than fifteen years, and has steadily grown in favor and in extent of circulation. As a purely literary magazine it probably stands at the head of its class. It is considered by many the best work of the kind published in the English language.

Ethiops Mineral in Cholera.

Ethiops mineral, the black sulphuret of mercury, was discarded from the U. S. *Materia Medica* as inert. But Dr. SOCRATES CADET, Professor of Physiology in the University Royal, of Rome, thinks otherwise. In a pamphlet we have received from him (*Nouvelles Etudes Sur le Cholera Asiatique*, Rome, 1872), he maintains that it is a specific for Asiatic cholera, and quotes numerous examples from the Roman hospitals in support of this. He advises it in doses of four grains several times a week as a preventive, and twelve to thirty grains several times repeated as a curative. The extraordinarily favorable results he claims to have had with this drug certainly ought to secure for it a careful trial elsewhere.

The Plea of Insanity.

The "Plea of Insanity" in homicide cases, is the subject of a bill introduced in the Pennsylvania Legislature by Senator WALLACE. If the bill shall become a law, no defence on the ground of "insanity" can be made, unless by special plea beforehand to that effect, verified by the oath or affirmation of the counsel for the prisoner, or some other person acquainted with the facts upon which the plea is based, and this affidavit is to state concisely the evidence relied upon to sustain the plea. This appears to be a decided improvement upon the loose practice which now prevails, under which a homicide, whenever all other defences fail him, can become insane long enough to secure an acquittal from a deluded jury, and then in a few weeks become of "sound mind" again. The other sections of the bill provide for the proceedings after the special plea and affidavit are put in. The trial is to be postponed; a commission consisting of

two doctors experienced in the study and treatment of insanity, and one lawyer, are to be appointed to examine witnesses, take testimony, and report their opinion; their report is to be sealed until the trial comes on, when it is to be opened and read to the jury; it is not, however, to be considered as conclusive or binding, but as "persuasive evidence," subject to further examination, cross-examination, and to the decision of the jury. On the whole, the bill seems to have been well thought out, but as its purpose is to bring about a desirable new practice, those who have given attention to the subject should write to Senator Wallace or to their immediate representatives.

Syphilis from a Lozenge.

A writer says in an English contemporary:—

When attending the clinique of M. HARDY, at the Hôpital St. Louis, in Paris, I saw a case of syphilis of a similar character to that mentioned by Dr. Drysdale, of infection from smoking a cigar. The subject was a child of about five years of age, who was brought to the hospital with a cutaneous eruption of an unmistakable syphilitic character, combined with other constitutional and local signs, the exact nature of which I now forget. M. Hardy was at first unable to trace the infective cause. He at length discovered that the child's brother was the subject of constitutional syphilis, and that some time previously he had, before the young patient presented any symptoms, given his sister a lozenge to suck, which had been partially dissolved in his mouth, and had thus infected the child.

Tell the Truth.

The annual address of Dr. JOHN FAVILLE, President of the Wisconsin State Medical Society, occupies but four pages of the *Transactions*, but is an uncommonly determined plea for telling the truth about our successes and our failures, not to each other only, but to our patients as well. The following extract has the right ring to it. He is speaking of "the central sin of the medical profession, which is indulging the credulity and incredulity of the people:"—

We cannot perhaps prevent their believing we have done less good than we have, but we can, in great measure, prevent their thinking we have done more good than we have. "Doctor, my little boy is very sick—will you come immediately?" Yes, he is

sick; you balance the question of doing or not doing; you decide to do nothing; you make a show of doing, because the case may take a bad turn, and not to have foreseen it and tried to prevent it would shake the faith of the parents. You visit him in the morning, and are warmly greeted by the mother and told your medicine "worked like a charm"—that the first spoonful quieted him to sleep, and behold a miracle has been wrought—he is well. What did you say? Did you tell that mother all that passed through your mind last night, and that the recovery is not at all to be credited to the medicine? You need not answer, but if you told that mother the whole truth, I am glad of it, for your profession was thereby honored and exalted, and took one long triumphant step forward. "I was sick and am well. Great is Hahnemann." We have given inerts; our patients have recovered. Have we allowed the administration and recovery to stand in the minds of patient and friends in the relation of cause and effect? If as a profession we have done so, then have we deserved Homœopathy, and if we don't stop it, let Homœopathy last.

To Subscribers.

We have sent circulars containing a notice to those subscribers who have not yet paid their subscription for this year, and also to some who owe for a portion of the past year.

As we aim to pay all current expenses promptly, and as the cost of a periodical must be defrayed as it is issued, we hope all our subscribers will see the propriety of our request for payment *in advance*. We hope to lose none, but shall be obliged to carry out our rules in this respect without many exceptions.

CORRESPONDENCE.

Ice in Acute Tonsillitis.

EDS. MED. AND SURG. REPORTER:

I report, briefly, a few sample cases of acute tonsillitis, to show the value of ice as a local application in the treatment of the same.

CASE I. I. B., boy, age 10. I was called to see him in the evening; found him with both tonsils swollen very large, accompanied by a high symptomatic fever. Ordered a saline cathartic; iced water or milk for drink; and also a piece of ice to be wrapped in a piece of flannel or woolen cloth, this to be applied over the tonsil, with occasional intervals of rest, for a number of hours. Called at 10 A. M. next day, and found the swelling in the tonsils greatly reduced, with corresponding reduction of the fever. In another day or so he was entirely well.

CASE II. Mr. M., age 22, cigar maker. Called to see him on Saturday evening; both tonsils attacked and swollen so that they almost met, and accompanied by the symptomatic fever. Ordered same treatment as in previous case, and on Monday morning he was able to resume work.

CASE III. Miss E. T., age 20. Called at my office; one tonsil affected with moderate swelling, and slight fever present. Ordered same treatment, and in two days recovery had taken place.

CASE IV. Mr. C., age 26. Visited him at his hotel; found him with both tonsils moderately swollen, attended with moderate fever. Ordered same treatment as in previous cases, with the result of complete resolution taking place in three days.

I have in this manner treated some sixteen cases of acute tonsillitis, with resolution occurring in all but one. In that case, a gentleman who suffered from oft recurring attacks of acute tonsillitis, although the ice was tried for a day and a half, it failed to prevent suppuration in the gland. That attack was shorter in duration than any of the previous ones had been, and attended with less suffering, and less quantity of discharge.

Since he first tried the ice method of treatment he has only had one slight attack; whereas, in the same length of time, a year and a half, before, he would have several.

My patients informed me that they soon felt relief after the application of the ice. The length of time that elapsed from the commencement of the attack to the beginning of treatment varied from 6 to 30 hours.

M. R. HACKEDORN, M. D.

Galton, Ohio.

Prophylaxis of Scarlatina.

EDS. MED. AND SURG. REPORTER:

During a recent epidemic of scarlatina in my neighborhood, in which the prevailing type of the disease was that of the simplex, yet a number being anginose, and two exhibiting symptoms of a malignant type, one of which proved fatal upon the fourth day, I was, as you may suppose, importuned to prevent by prophylactic measures the disease from spreading among the families as yet unvisited, several of whom resided in close proximity to that in which the fatal, malignant case occurred. I accordingly began by sprinkling the floors with carbolic acid, placing large plates containing the acid upon the tables in the different apartments, and one family having a number of children, in addition to the above measures placed carbolic acid in the heater, so as to insure its thorough diffusion throughout all the apartments of the house. I also prescribed for all the children unaffected with the disease small doses of potassæ chloras, to be given three times a day. These measures were resorted to, as I frankly informed them all, with very little hope of their efficacy; but, judge of my surprise,

when, as time passed on, not another case appeared in any of the families who had resorted to these means. One family, however, being in indigent circumstances, and living somewhat secluded from the others, by an oversight on my part, was overlooked in these precautionary measures; the disease prevailed in that family, all the children having it, and one in a malignant form. In regard to the measures instituted for the prevention of the disease I have no theory to offer, but the fact is certainly remarkable and worthy of note.

W. F. DICKINSON, M. D.
Smithtown Branch, New York.

NEWS AND MISCELLANY.

Des Moines Valley Medical Association.

In pursuance of a call from the Wapello county, Iowa, Medical Society, for the purpose of forming a District Medical Association, a number of gentlemen united in an organization to be known as the Des Moines Valley Medical Association. The following officers were elected:—President, H. C. Huntsman, of Oskaloosa; Vice President, M. V. Howell, of Moulton; permanent Secretary and Treasurer, J. Williamson, of Ottumwa. The chairman appointed Drs. Thrall and Hurst to conduct the President to the chair, who, upon taking it, thanked the Society in a short address for the honor conferred.

Proscriptive Still.

Nearly a year ago twelve of the practicing physicians of Jersey City were expelled from the Hudson County District Medical Society for alleged irregularities in practice. At the meeting in January the board readmitted these gentlemen, but has now refused to approve of so much of the minutes of that meeting as contained the reinstating resolution, thus virtually again expelling them.

Insanity.

A new form of emotional insanity has been discovered in Kentucky, where the counsel for the plaintiff in a breach of promise suit pleaded that his client was subject to uncontrollable fits of love-making, accompanied by a morbid dislike to matrimony.

—Dr. Levi Brooks, a famous chemist of Claremont, N. H., committed suicide by taking strychnia on the 26th of January.

—Holmes Coote, one of the most celebrated surgeons in Great Britain, died in London, recently.

—A German physician, Dr. WALLENDORF, has fitted up a screw propeller as a floating hospital for patients for lung diseases, to spend the winter in cruising between Gibraltar and Malta.

—The annual report of the Massachusetts Board of Health shows that the deaths in Boston during 1872 exceeded those of 1871 by 37 per cent. Exclusive of the small-pox the excess was 25 per cent.

—A fatal sickness resembling typhoid pneumonia is prevailing in Montgomery, Ala. A large number of persons, including several members of the State Legislature, have died from it.

—It is reported that on the 14th of January a venerable woman known as "Granny Linn," aged 113 years, died in Pittsburg (south side). Can any of our readers in that city confirm the report?

—A French physiologist has succeeded in making an artificial pair of Siamese twins by joining together a pair of young rats.

—The thermometer registered 79 degrees in the shade at St. Augustine, Florida, on the 3d of January.

—Louisville has a small-pox insurance company.

NOTES AND QUERIES.

Pancoast's Styptic.

Dr. G. T. F., of Pa.—Will you please inform me what kind of Carbonate of Potassa is used in the preparation of Pancoast's Styptic, the pure or impure?

REPLY.—We understand the *Potassa Carbonas*, U. S. D., is used.

Dr. J. G., Jr.—We know of no special work on diseases of the conjunctiva and cornea.

MARRIAGES.

CLEMENS—ROBINSON.—In St. Louis, Jan. 15th, at the residence of the bride's father, Dr. J. M. Clemens, of Louisville, and Ella V. Robinson.

JOHNSTONE—BOND.—Dec. 28th, 1872, at St. George's Church, Hanover Square, West End, London, Eng., by the Rev. John H. Murray, Howison James Johnstone, M. D., of Liverpool, and Gertrude, eldest daughter of L. Montgomery Bond, Esq., of Philadelphia.

DEATHS.

BETHELL.—In this city, Jan. 22d., Dr. Charles P. Bethell.

HENGST.—In the village of Prospect, Pa., on Sabbath morning, Hannah E., the cherished wife of Dr. D. A. Hengst, and only daughter of Hon. R. E. Graham, of Grahamville, Pa., in the 23d year of her age.

ROBINSON.—In this city, Jan. 22d, Mrs. Isabella Robinson, wife of Dr. William L. Robinson, in the 53d year of her age.

TRACEY.—In Andover, Mass., Jan. 13th, Stephen Tracey, M. D., in the 63d year of his age.

UPDEGROVE.—In this city, Jan. 24th, Stanley St. Aubin, only child of Dr. S. and Eliza A. Updegrove, in the 13th year of his age.

WILLARD.—In Boston, Jan. 26th, Francis A. Willard, M. D., aged 64 years.